Procedure		
Code	Procedure Code Description	Rate
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL	\$25.20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED	\$107.33
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$322.60
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$101.96
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	\$124.87
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$168.01
	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL	
20150	INCISIO	\$566.16
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$50.40
20205	BIOPSY, MUSCLE; DEEP	\$50.40
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$43.34
20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	\$50.40
20225	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	\$33.60
20240	BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (E.G., ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	\$50.40
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$84.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$151.20
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$176.40
	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$25.20
	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$22.70
	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$50.40
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$100.80
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC; CORTICOSTEROID), CARPAL TUNNEL	\$35.09
	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST	\$25.20
	INJECTION; TENDON ORIGIN/ INSERTION	\$35.09
	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	\$35.09
	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	\$35.09
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)	\$25.18
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG,	
	TEMPOROMANDIBULAR	\$25.18
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT,	,
	SUBACROMIAL	\$25.20
	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$31.58
	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$25.20
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	\$42.00
	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	\$42.00
	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	\$126.00
	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$100.80
	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$100.80
		,
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG, PEDIATR	\$258.62
	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	\$38.60
	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	\$80.00
	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	\$160.00

20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	\$100.80
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	\$100.80
	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR	,
	NEW	\$100.80
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$120.00
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	\$1,505.00
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	\$1,505.00
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	\$1,505.00
	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS	
20816	TENDO	\$743.82
	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	\$1,068.12
	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	\$1,292.06
	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	\$1,098.25
	REPLANTATION, FOOT; COMPLETE AMPUTATION	\$1,505.00
	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$58.80
	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$226.80
	CARTILAGE GRAFT; COSTOCHONDRAL	\$58.80
	CARTILAGE GRAFT; NASAL SEPTUM	\$58.80
	FASCIA LATA GRAFT; BY STRIPPER	\$194.22
	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$226.80
	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$226.80
	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$168.00
	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	\$78.84
	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	\$121.57
	AUTOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL, BICORTICAL OR TRICORTICAL	\$131.48
	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE	
	M	\$25.20
	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	\$1,505.00
	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$1,427.46
	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,478.86
	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL	\$0.00
	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR	φ4 5 25 22
	GRE	\$1,505.00
	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	\$1,505.00
	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$1,505.00
	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	\$1,505.00
	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	\$93.91
	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$118.73
	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	\$8.88
	ABLATION, BONE TUMOR RADIOFREQUENCY, PRECUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	\$2,357.09
	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	\$0.00
	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$126.00
	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP	\$210.00
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$201.03

21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$166.98
	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$168.00
21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	\$142.80
21031	EXCISION OF TORUS MANDIBULARIS	\$125.28
	EXCISION OF MAXILLARY TORUS PALATINUS	\$142.80
	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	\$285.60
	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	\$104.85
	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$252.00
	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	\$252.00
		,
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGRESSIVE O	\$504.24
	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY	
21047	(EG LC	\$622.30
	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGRESSIVE OR	
21048	DESTRUCT	\$518.89
	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG,	
21049	LOCA	\$589.48
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$378.00
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$378.00
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$320.13
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$632.82
21077	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$1,591.55
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$0.00
	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	\$0.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	\$100.80
	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES	
	REMOVAL	\$227.45
	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$25.20
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$141.60
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$285.60
	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL	
21122	FOR ASYMM	\$318.06
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	\$404.40
	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$159.60
	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING	
	AUTOGRAF	\$277.20
21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$243.60

	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING	
21138	AUTOGR	\$319.20
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$336.00
21141	RECONTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	\$679.88
21142	RECONTRUCTION MIDFACE, LEFORTI; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	\$705.06
	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE	
21143	GRAFT	\$732.93
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENTMOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	\$722.19
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	\$757.90
	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTIONS, REQUIRING BONE	
21147	GRAF	\$786.38
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	\$45.04
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	\$150.00
	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING	
21154	AUTOGRA	\$173.90
	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING	
21155	AUTOGRA	\$228.24
	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC),	
21159	REQUIRI	\$619.51
	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC),	
21160	REQUIRI	\$611.00
	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR	****
21172	WITHOUT GRA	\$219.13
04475	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION	\$
21175	(EG, PL	\$296.13
01170	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR	Φ4.Γ.Γ. 4.O.
21179	PROSTHETIC	\$155.10
01100	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GR	Ф100 c0
21180		\$193.60 \$142.40
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL	Φ142.40
21182	EXCISION	\$180.02
21102	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL	φ100.02
21183	EXCISION	\$543.20
21103	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL	φ343.20
21184	EXCISION	\$543.20
21104	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING	ψ545.20
21188	AUTOGRAFTS)	\$504.00
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL"C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	\$628.49
		Ψ020.⊣0
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES	\$728.18
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	\$629.93
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	\$694.54

21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	\$624.77
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$568.22
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$517.44
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	\$458.41
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$336.00
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$168.00
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$168.00
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$397.90
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$268.62
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$302.40
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$302.40
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$302.40
		·
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	\$504.00
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$498.66
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$451.19
	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS)	·
21247	(EG, FOR H	\$814.80
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	\$717.45
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE	\$814.80
	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING	
21255	AUTOGRAFTS)	\$801.45
	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING	
21256	AUTOGRAFTS) (\$776.06
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	\$791.75
	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL	
21261	APPROACH	\$814.80
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	\$814.80
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	\$718.07
	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND	
21268	EXTRACRANIAL	\$814.80
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$168.00
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$168.00
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$168.00
21282	LATERAL CANTHOPEXY	\$168.00
	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL	
21295	APPROACH	\$52.84
	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL	
21296	APPROACH	\$164.29
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	\$0.00
21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION	\$25.20
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$25.20
21315	CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$58.80
21320	CLOSED TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION	\$58.80
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$168.00
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	\$168.00

21336 OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION \$168.0 21337 CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION \$169.0 21339 OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION \$169.0 21339 OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION \$169.0 21340 DEPON TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION \$169.0 21340 DEPON TREATMENT OF NASOETHMOID FRACTURE; WITH SPLINT, WIRE OR HEADCAP FIXATION, \$168.0 21343 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED ORI INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL 21344 OCRONAL 21345 PIXATIO OR TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION OR 21345 PIXATIO OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$108.0 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$108.0 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAPTING (INCLUDES OBTAINING SA10.8 21348 GRAF 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAPTING (INCLUDES OBTAINING SA10.8 21340 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) 21350 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE (EG, GILLES APPROACH) 21351 MANIPULATION 2750 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE (EG, GILLES APPROACH) 21360 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21361 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21363 OPEN TREATMENT OF FRACTURE (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21360 OPEN TREATMENT OF FORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-	04005	OPEN TREATMENT OF MACAL EDACTURE, WITH CONCOMITANT OPEN TREATMENT OF FRACTURED CERTURA	Φ4.CO. OO
21337 CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION 21388 OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION 21389 OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION 21340 INCLUDING REPAI 21341 OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION 21343 OPEN TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, 21343 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, 21344 CORONAL 21344 CORONAL 21345 FIXATIO 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR 21346 FIXATIO 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21346 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21355 MANDIPULATION 273.66 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) 21365 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21365 OPEN TREATMENT OF FORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION), 21365 OPEN TREATMENT OF FORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	\$168.00
21339 OPEN TREATMENT OF NASOETHMOID FRACTURE: WITH EXTERNAL FIXATION 21393 OPEN TREATMENT OF NASOETHMOID FRACTURE: WITH EXTERNAL FIXATION 3168.0 21340 INCLUDING REPAI 21341 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE 21343 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE 21344 CORONAL 21345 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE 21346 CORONAL 21347 CORONAL 21347 CORONAL 21348 CORONAL 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION 21340 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21348 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING 21349 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (E.G. GILLES APPROACH) 21350 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (E.G. GILLES APPROACH) 21351 MANIPULATION 21355 OPEN TREATMENT OF ORDITAL FLOOR "BLOWOUT" FRACTURE; INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD 21350 OPEN TREATMENT OF COMPLICATED (E.G. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (VALUE CALUE CAL		, ,	
21339 OPEN TREATMENT OF NASOETHMOID FRACTURE: WITH EXTERNAL FIXATION 21340 INCLUDING REPAI 21341 OPEN TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, 21343 INCLUDING REPAI 21344 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE 21345 OPEN TREATMENT OF COMPLICATED (E.G. COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA 21344 CORONAL 21345 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION S108. 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION S108. 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21348 GRAF 21349 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21355 MANIPULATION DEPRESSED ZYGOMATIC ARCH FRACTURE (E.G. GILLES APPROACH) 21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (E.G. GILLES APPROACH) 21365 OPEN TREATMENT OF COMPLICATED (E.G. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 OPEN TREATMENT OF COMPLICATED (E.G. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 OPEN TREATMENT OF COMPLICATED (E.G. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 OPEN TREATMENT OF COMPLICATED (E.G. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 OPEN TREATMENT OF FRACTURE (E.G. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 OPEN TREATMENT OF FORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BLOP CAPACITY OF THE AREA COMPANY OF THE ARCHIVE SERVING STALL APPROACH WITH BLOP CAPACITY OF THE ARCHIVE SERVING STALL APPROACH WITH BONE GRAFT (INCLUDES S10.8) IMPLANT 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH		,	
PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, \$188.0 21343 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE OPEN TREATMENT OF OMPLICATED (EG. COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATIO THAT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION \$168.0 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$10.0 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH ANIPULATION PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH ANIPULATION OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$10.8 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: PERIORBITAL APPROACH (WITH ALLOPLASTIC OR OTHER OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT SEALS OPEN TREATMENT OF PALATAL OR MAXILL		· ·	
21343 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OF INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL 21345 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR 21346 FIXATIO 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$168.0 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$310.8 21348 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAF PERCUTANEOUS TREATMENT OF PRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH \$75.6 21360 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG. GILLES APPROACH) \$75.6 21361 OPEN TREATMENT OF DEPRESSED DALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 AREA, \$310.8 21366 OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21367 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21369 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21401 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH IMPLANT \$310.8 21401 CLOSED TREAT	21339	·	\$168.00
21343 OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE 21344 CORONAL CLOSED TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR PROPERTY OF THE ATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$168.0 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$310.8 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING 21348 GRAF PRECUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH ANIPULATION \$75.6 21355 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA. OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA. 21365 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$10.8 21396 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$10.8 21397 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 0PEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21395 OBTAINING 21396 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$10.8 \$10.8 21396 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$10.9 \$10.0 PROPERTY TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OMPLICATED (COMMINUTED OR INVOLVING CLOSED TREATMENT OF			
OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA 21344 CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR 21346 PIXATIO 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$10.80 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$310.80 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING OPEN TREATMENT OF PASOMAXILLARY COMPLEX FRACTURE (EG, GILLES APPROACH) 21348 GRAF 21349 PERCUTANBOLUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH \$75.60 21360 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) \$75.60 21360 OPEN TREATMENT OF DEPRESSED ALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.00 0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.80 0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.80 0 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.80 0 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.80 0 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (WITH ALLOPLASTIC OR OTHER IMPLANT) \$310.80 0 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES) 00 00 00 00 00 00 00 00 00 00 00 00 00	21340		\$168.00
CORONAL CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATIO PIXATIO S1346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$168.0 POPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$310.8 COPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES \$310.8 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION \$75.6 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) \$75.6 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OTANING OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OTANING OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT": WITH DEPRESOR WITH HIS OFTEN	21343		\$168.00
CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION 23104 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION 23104 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING 21348 GRAF 21346 PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH 21355 MANIPULATION 2756 21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) 21356 OPEN TREATMENT OF OPENESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD 375.6 21360 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21365 AREA, 310.8 21366 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 AREA, 310.8 21386 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH ALLOPLASTIC OR OTHER 310.8		OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA	
21345 FIXATIO \$18.00 21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$310.8 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES \$310.8 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING PERCUTANEOUS TREATMENT OF PRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MAINPULATION \$75.6 21355 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) \$75.6 21366 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$75.6 21360 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 21365 AREA, \$310.8 21365 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 21386 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21389 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH \$310.8 21380 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$252.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$253.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH HOUT IMPLANT \$310.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH HOUT IMPLANT \$310.8 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH HOUT IMPLANT \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCE	21344	CORONAL	\$168.00
21346 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION \$310.8 21347 OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21348 GRAF SA02.1 PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH \$75.6 21360 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) \$75.6 21360 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (WITH ALLOPLASTIC OR OTHER MIPLANT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING S10.8 21395 OBTAINING S10.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH HANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH HOUT IMPLANT \$261.3 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH HOUT IMPLANT \$261.3 21407 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH INTERDENTAL WIRE FIXATION OR FIXATION OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); CO		CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR	
OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAF PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION \$55.6 21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 075.0 076.0	21345	FIXATIO	\$168.00
OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAF PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION \$55.6 21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 075.0 076.0	21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	\$310.80
OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING PERCUTANCOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH \$1355 MANIPULATION \$75.6 PERCUTANCOUS TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG. GILLES APPROACH) \$75.6 PERCUTANCOUS TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG. GILLES APPROACH) \$75.6 PERCUTANCOUS TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 PEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 PENCUTANCOUS PENCUTA			
OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING PERCUTANCOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH \$1355 MANIPULATION \$75.6 PERCUTANCOUS TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG. GILLES APPROACH) \$75.6 PERCUTANCOUS TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG. GILLES APPROACH) \$75.6 PERCUTANCOUS TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 PEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 PENCUTANCOUS PENCUTA	21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	\$310.80
21348 GRAF PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH 21355 MANIPULATION \$75.6 21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG. GILLES APPROACH) \$75.6 21360 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21365 AREA, OPEN TREATMENT OF COMPLICATED (EG. COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) 310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21390 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 21391 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 21392 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21395 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21395 OBTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION 310.8 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION 310.8 21402 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION 310.8 31		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING	
PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH 21355 MANIPULATION \$75.6 21360 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) \$75.6 21360 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 AREA, OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)) \$310.8 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER MPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER MPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES) 0BTAINING OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$310.8 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21402 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21403 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21404 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21405 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21421 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT";	21348		\$302.17
21355 MANIPULATION \$75.6 21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) \$75.6 21360 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD \$210.0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)) \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION)) \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (CALDWELL-LUC TYPE OPERATION)) \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (WITH ALLOPLASTIC OR OTHER IMPLANT OP ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OP ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING S10.8 21395 OBTAINING S10.8 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OMPLICATED (COMMINUTED OR INVOLVING CRANIAL			700=:::
21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) 21360 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD 2210.0 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21365 AREA, 21366 OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 AREA, 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)) 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21388 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21391 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 21392 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES) 21395 OBTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MPLANT 21401 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH DIPLANT 21402 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21403 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21404 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21405 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); 21406 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); 21421 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); 21423 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); 21424 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); 21425 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I	21355	, ,	\$75.60
21360 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR \$310.8 21366 AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, \$310.8 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH \$310.8 21390 IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING) 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$25.2 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21400 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21401 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21402 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MELANT CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) \$310.8 21401 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH INTERDENTAL WIRE FIXATION OR FIXATION \$340.8 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATI			
OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 AREA, 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH BONE GRAFT (INCLUDES 0BTAINING S110.8 21400 OLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21409 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21410 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 OPEN TREATMENT OF PALATAL OR MAXILL			
21365 AREA, OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR 21366 AREA, 21366 AREA, 21366 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH (SALDWELL-LUC TYPE OPERATION) \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES) OBTAINING 21395 OBTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$581.8 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT 21409 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT 21410 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING) 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING) 21423 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21421 SPANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21423 SPANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21423 SPANIAL	21000	· · · · · · · · · · · · · · · · · · ·	Ψ210.00
OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 1390 IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH BONE GRAFT (INCLUDES 0BTAINING 21400 OLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21421 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21423 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); S310.8 21423 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL	21265		\$310.80
21366 AREA, 21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING \$310.8 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$55.8 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH DUT IMPLANT \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) \$310.8 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR \$44.0 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CRANIAL CRANIAL CRANIAL CRANIAL SEPARATION (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT I TYPE); USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$352.8 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$352.8	21303	, ,	φ510.00
21385 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION) \$310.8 21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH \$310.8 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 1390 IMPLANT \$310.8 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING \$310.8 0 OBTAINING \$310.8 0 OBTAINING \$310.8 0 OLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 2 1401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 2 1406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 2 1407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH DOTH IMPLANT \$310.8 0 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OR FIXATION OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CRANIAL CRANIAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$352.8 21421 SPANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$252.0	01066	, , , , , , , , , , , , , , , , , , ,	6210.00
21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 21390 IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 0BTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION 252.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION 258.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MPLANT 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21421 SP	21300	ANEA,	φ310.60
21386 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH 21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 21390 IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 0BTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION 252.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION 258.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MPLANT 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21421 SP	01205	IODEN TREATMENT OF ORRITAL ELOOR "RLOWOLLT" ERACTURE: TRANSANTRAL ARREDOACH (CALRWELL LUC TYPE ORERATION).	\$210.00
21387 OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 21390 IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21395 OBTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$310.8 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21421 SP			
OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER 1390 IMPLANT \$310.8		, ,	
21390 IMPLANT OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21395 OBTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH OUT IMPLANT 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) 21409 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP 21431 SP \$310.8	21307		φ310.80
OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES 21395 OBTAINING \$310.8 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) \$310.8 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION \$84.0 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); \$310.8 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL \$352.8 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$252.0	01200		\$210.00
21395 OBTAINING 21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) \$310.8 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR \$84.0 21421 FIXATION \$310.8 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); \$310.8 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL \$352.8 CCANIAL \$352.8 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$252.0	21390		φ310.80
21400 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION \$25.2 21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) \$310.8 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION \$84.0 21421 FIXATION \$84.0 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL \$352.8 CCANIAL \$352.8 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$252.0	01005		#010.00
21401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION \$58.8 21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT \$261.3 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT \$310.8 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) \$310.8 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR \$84.0 21421 FIXATION \$310.8 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); \$310.8 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING \$352.8 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$252.0			
21406 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT 21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR \$84.0 21421 FIXATION OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$252.0			
21407 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT 21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR 21421 FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$252.0			
21408 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT) CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$310.8			
CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR \$84.0 21421 FIXATION 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$252.0			
21421 FIXATION \$84.0 21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$252.0	21408		\$310.80
21422 OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$310.8			
OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING 21423 CRANIAL CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR 21431 SP \$252.0			
21423 CRANIAL \$352.8 CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$21431 SP \$252.0	21422		\$310.80
CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR \$252.0			
21431 SP \$252.0	21423		\$352.80
·		CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR	
21/32 OPEN TREATMENT OF CRANICEACIAL SEPARATION (LEFORT III TVPF): WITH WIRING AND/OR INTERNAL FIVATION \$227.5	21431		\$252.00
= 21702 OF LIVER THE ATHERT OF OTTAINOT AGAIN CHARLOUT (LEFOTT III FILE), WITH WITHING AND/OTT INTERIMAL FIXATION $= 3527.5$	21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	\$327.56

	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING	
21433	CRANIAL	\$394.80
	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL	-
21435	F	\$453.60
	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES,	·
21436	INTERN	\$512.40
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$33.60
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$245.41
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$42.00
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$252.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$42.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$100.80
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$336.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$336.00
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$336.00
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$336.00
	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL	
21470	FIXATION,	\$336.00
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	\$36.74
	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT	
21485	REQUIRING	\$42.00
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$377.71
21495	OPEN TREATMENT OF HYOID FRACTURE	\$210.00
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$206.38
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	\$0.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$42.00
	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB	
21502	OSTECTOMY	\$142.80
	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	\$126.00
	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$25.20
	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	\$33.60
	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$33.60
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX	\$67.20
21600	EXCISION OF RIB, PARTIAL	\$142.80
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$285.60
21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	\$378.00
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	\$378.00
21620	OSTECTOMY OF STERNUM, PARTIAL	\$142.80
21627	STERNAL DEBRIDEMENT	\$107.27
	RADICAL RESECTION OF STERNUM; FOR TUMOR	\$168.00
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	\$252.00
21685	HYOID MYOTOMY AND SUSPENSION	\$508.78
	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$220.44
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	\$309.60
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	\$205.16

21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	\$226.80
	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	\$420.00
	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE),	7
	WITHOUT	\$0.00
	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE)	
21743	WITH THOR	\$0.00
	CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	\$391.54
	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	\$36.74
	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH	\$75.60
	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	\$58.80
	CLOSED TREATMENT OF STERNUM FRACTURE	\$42.00
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	\$67.20
	UNLISTED PROCEDURE, NECK OR THORAX	\$0.00
	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$25.20
	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$58.80
	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	\$84.00
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK	\$168.00
	(===, ========, =======================	ψ.σσ.σσ
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHO	\$447.68
		ψσσ
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	\$443.76
	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC	ψ : :σ:: σ
	BONY	\$392.00
	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	\$392.00
	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	\$392.00
	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINSIC BONY LESION; EACH ADDITIONAL	\$101.96
	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR	φ.σσσ
22110	NERVE	\$142.80
	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	\$142.80
	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	\$142.80
	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION; EACH ADDITIONAL VERTEBRAL SEGMENT	\$100.93
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVIAL	\$708.17
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	\$795.67
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	\$747.58
	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL	Ţ
22216	VERTEBRAL	\$247.68
22220	OSTEMTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	\$814.80
22222	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	\$741.60
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	\$781.02
	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGNENT; EACH ADDITIONAL	Ψ. 51.02
22226	VERTEBR	\$247.68
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	\$100.10
		ψ.00.10
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING	\$98.41
	THE CONTRACTOR OF THE COURT OF	ΨυυΤΙ
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR	\$294.00
22010	DISCOUNTING OF THE PROPERTY OF THE PROPERTY DISCOUNTING OF THE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	ΨΔ34.00

	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S)AND OR DISLOCATION(S),ANTERIOR APPROACH,WITHOUT	
22318	GRAFTIN	\$823.33
	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S)AND OR DISLOCATION(S), ANTREIOR APPROACH; WITH	
22319	GRAFTING	\$930.04
22325	OPEN TREATMENT AND/OR REDUCITON OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR	\$563.06
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL	\$529.20
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); THORACIC	\$529.20
	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED	
22328	VERTEB	\$200.83
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$67.20
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC	\$283.80
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR	\$266.26
	PERCUTANEOUS VERTEBROPLASTY, ONE VERTRBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL	·
22522	THORACIC	\$92.88
	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL	-
22523	BODY.	\$336.23
	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL	ψοσο:20
22524	BODY,	\$322.19
22324	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, ONE VERTEBRAL	Ψ022.13
22525	BODY,	\$154.18
22323	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;	φ134.10
00500	THORACIC	φ ₀ 00
22532	ITHONAGIC	\$0.00
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	\$0.00
22000	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE;	φυ.υυ
00504	THORACIC OR	CO10 04
22534	I TONAGIC ON	\$210.94
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION	\$814.80
22340	ANTHRODESIS, ANTERIOR TRANSCRAL OR EXTRAORAL TECHNIQUE, CLIVOS-CT-02 (ATLAS-AXIS), WITH OR WITHOUT EXCISION	φο 14.00
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; CERVICAL	\$730.80
22334	ANT INDUESIS, ANT ENION INTERBOUT TECHNIQUE, INCLUDING WIINIWAL DISKECTOW'T TO PREPARE INTERSPACE, CENVICAL	φ/30.60
20556	ARTHROPESIS ANTERIOR INTERPORY TECHNIQUE INCLUDING MINIMAL DISKECTOMY TO REPARE INTERSPACE, THORACIC	Φ 7 20 00
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC	\$730.80
00550	ARTHROPECIC ANTERIOR INTERPORY TECHNIQUE INCLUDING MINIMAL DICKECTOMY TO PREPARE INTERCRACE. LUMBAR	Φ700.00
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	\$730.80
	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; EACH	40400
22585	ADDITONA	\$84.00
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	\$730.80
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	\$730.80
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	\$730.80
	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL	
22610	TRANSVE	\$730.80
	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL	
22612	TRANSVERS	\$730.80
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	\$268.53
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	\$730.80

22632 ARTHRODISIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE I 22800 ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH O 22802 ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH O 22804 ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH O 22808 ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR 22810 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22812 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22813 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIOR SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER 22844 POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VE	DR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS DR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS DR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS R WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS R WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND RESECTION ROD TECHNIQUE), PEDICLE EBRAL SEGMENTS	\$227.87 \$730.80 \$730.80 \$1,402.08 \$961.00 \$730.80 \$730.80 \$1,340.16 \$1,435.31 \$389.64 \$730.80
22802 ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH C 22804 ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH C 22808 ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR 22810 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22812 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22818 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	DR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS DR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS R WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS R WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND RINGTON ROD TECHNIQUE), PEDICLE EBRAL SEGMENTS	\$730.80 \$1,402.08 \$961.00 \$730.80 \$730.80 \$1,340.16 \$1,435.31 \$389.64
22804 ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OF 22808 ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR 22810 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22812 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22818 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	DR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS R WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS R WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND RINGTON ROD TECHNIQUE), PEDICLE EBRAL SEGMENTS	\$1,402.08 \$961.00 \$730.80 \$730.80 \$1,340.16 \$1,435.31 \$389.64
22808 ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR 22810 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22812 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22818 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIOR SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS R WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS R WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND BINGTON ROD TECHNIQUE), PEDICLE EBRAL SEGMENTS	\$961.00 \$730.80 \$730.80 \$1,340.16 \$1,435.31 \$389.64
22810 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22812 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22818 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	R WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS R WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND RINGTON ROD TECHNIQUE), PEDICLE REBRAL SEGMENTS	\$730.80 \$730.80 \$1,340.16 \$1,435.31 \$389.64
22812 ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OF 22818 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	R WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND BINGTON ROD TECHNIQUE), PEDICLE BRAL SEGMENTS	\$730.80 \$1,340.16 \$1,435.31 \$389.64
22818 KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND 22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND BINGTON ROD TECHNIQUE), PEDICLE BRAL SEGMENTS	\$1,340.16 \$1,435.31 \$389.64
22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	IINGTON ROD TECHNIQUE), PEDICLE BRAL SEGMENTS	\$1,435.31 \$389.64
22819 KYPHECTOMY: 3 OR MORE SEGMENTS 22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	IINGTON ROD TECHNIQUE), PEDICLE BRAL SEGMENTS	\$1,435.31 \$389.64
22830 EXPLORATION OF SPINAL FUSION 22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	BRAL SEGMENTS	\$389.64
22840 POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARR 22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	BRAL SEGMENTS	
22842 POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTE 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER	BRAL SEGMENTS	\$730.80
22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTER		
		\$730.80
22844 POSTERIOR SEGMENTAL INSTRUMENTATION: 13 OR MORE VE	BRAL SEGMENTS	\$390.51
,,,,,,,,,,,,,,,,,,,,,,,,	ERTEBRAL SEGMENTS	\$477.20
22845 ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	S	\$719.72
22846 ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	S	\$360.58
22847 ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGN	MENTS	\$400.62
		·
22848 PELVIC FIXATION(ATTACHMENT OF CAUDAL END OF INSTRME	ENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	\$261.30
22849 REINSERTION OF SPINAL FIXATION DEVICE	,	\$413.17
22850 REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION	ON (EG, HARRINGTON ROD)	\$250.60
22851 APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(,	\$292.26
22852 REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION		\$282.68
22855 REMOVAL OF ANTERIOR INSTRUMENTATION		\$297.96
22899 UNLISTED PROCEDURE, SPINE		\$0.00
22900 EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESM	MOID)	\$97.18
22999 UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYST	TEM	\$0.00
23000 REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREC	DUS DEPOSITS, ANY METHOD	\$126.00
23020 CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROC	EDURE)	\$210.00
23030 INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS (OR HEMATOMA	\$42.00
23031 INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	A	\$33.60
23035 INCISION , BONE CORTEX (EG, OSTEOMYELITIS OR BONE	ABSCESS), SHOULDER AREA	\$126.00
23040 ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORA		\$294.00
ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR	JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	
23044 FOREIGN		\$294.00
23065 BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL		\$25.20
23066 BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP		\$25.20
23075 EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTA	NEOUS	\$33.60
23076 EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR	INTRAMUSCULAR	\$119.18
23077 RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM	I), SOFT TISSUE OF SHOULDER AREA	\$449.69
23100 ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY		\$294.00
ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STEROCLAVI	ICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN	
23101 CARTILA		\$284.83
23105 ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY	/, WITH OR WITHOUT BIOPSY	\$336.00
23106 ANTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECT	·	\$230.96

23107 BODY 23120 CLAVICULECTOMY; DATAL 23125 CLAVICULECTOMY; TOTAL 23126 CLAVICULECTOMY; TOTAL 23130 ACROMICPLASTY OR ACROMONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE 23140 EXCISION OR QUIRETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; 23141 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; 23145 OSTAINING 23145 OSTAINING 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23150 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23160 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23161 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23162 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23181 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23194 HU 23195 RESECTION HUMERAL, HEAD 23196 OSTECOTION OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23197 ADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTITETIC REPLACEMENT 23218 HUMERAL ANGLE PROVIDER; SUBCUTANEOUS 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTITETIC REPLACEMENT 23231 REMOVAL OF POREIGN BODY, SHOULDER; OBERT HUMBERUS; WITH PROSTITETIC REPLACEMENT 23232 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTITETIC REPLACEMENT 23232 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTITETIC REPLACEMENT 2323		ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	
23120 CLAVICULECTOMY, TOTAL 23130 ACROMIOPLASTY OR ACROMIONICOTOMY, PARTIAL WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE 23140 ACROMIOPLASTY OR ACROMIONICOTOMY, PARTIAL WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE 23142 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23145 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT (INCLUDES 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; 23150 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23155 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23157 SEQUESTRECTOMY; (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), SCLAVICLE 23172 SEQUESTRECTOMY; (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), SCLAVICLE 23174 SEQUESTRECTOMY; (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), CLAVICLE 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), SCAPULA 23191 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), PROXIMAL 23191 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), PROXIMAL 23191 PARTIAL EXCISION (FOR TERRIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), SCAPULA 23191 PARTIAL EXCISION (FOR TERRIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), PROXIMAL 23191 PARTIAL EXCISION (FOR TERRIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS	23107		\$353.77
2315 CLAVICULECTOMY, TOTAL 23190 CAROMIOPILASTY OR AGROMIONECTOMY, PARTIAL WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE 23140 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; 23141 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; 23145 CORTAINING 23145 CORTAINING 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; 23150 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; 23151 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; 23152 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; 23153 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23160 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23170 SCOUESTRECTOMY (EG., FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23172 SCOUESTRECTOMY (EG., FOR OSTEOMYELITIS OR BONE ABSCESS), CAPULA 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG., FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG., FOR OSTEOMYELITIS), CLAVICLE 23194 HU 23194 HU 23190 OSTEOTOMY OF CAPULA, PARTIAL (EG. SUPERIOR MEDIAL ANGLE) 23195 RESECTION HUMBRAL HEAD 2320 RADICAL RESECTION FOR TUMOR; SCAPULA 23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23210 RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 2322 RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 2322 RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; WITH HUTOGRAFT (INCLUDES OBTAINING GRAFT) 2322 RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23230 NUBCCITCON PROCEDURE FOR SHOULDER OR HUPPER ARM; SINGLE 23231 REMOVAL OF FOREIGN BODY, SHOULDER DEEP (EG. NEER HEMARTHROPLASTY REMOVAL) 23231 REMOVAL OF FOREIGN BODY SHOULDER OR HUPPER ARM; SINGL			\$142.80
2310 ACROMICPLASTY OR ACROMICNECTOMY, PARTIAL WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23145 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23177 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 23194 HU 23194 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23195 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; SCAPULA 23196 RESECTION HUMERAL HEAD 23201 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23202 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23202 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23203 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEFE HEMILATH HUMERUS) WITH PROSTHETIC REPLACEMENT 23204 REMOVAL OF FOREIGN BODY, SHOULDER (DEEP (EG, NEFE HEMILATH) HUMERUS (EG, TOTAL SHOULDER) 23205 REMOVAL OF FOREIGN BODY SHOULDER (DEEP (EG, NEFE HEMI			\$294.00
23140 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23145 OBTAINING SCAPULA; WITH AUTOGRAFT (INCLUDES 23146) EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23146) EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES 23150) EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23150) OR STAINING GRAFA SCAPULA; WITH AUTOGRAFT (INCLUDES 23170 SCOURSTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE STAIN (INCLUDES 23172 SCOURSTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE STAIN (INCLUDES 23172 SCOURSTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA STAIN (INCLUDES 23160) PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 3126. 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA STAIN (INCLUDES CAPULA) STAIN (INCLUDE	23130	, ,	\$142.80
23145 OBTAINING \$336.0 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT \$142.8 23150 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA 23155 OBTAINING GRA 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT \$285.6 23170 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE \$122.7 23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$122.0 23173 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$122.0 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE \$142.8 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HULL \$23184 HULL \$23185 RESECTION FOR TUMOR; CLAVICLE \$142.8 23199 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) \$142.8 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE \$142.8 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE \$142.8 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$850.4 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$850.4 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$850.4 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS \$25.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS \$25.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS \$25.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; OBEP (EG, NEER HEMIARTHROPLASTY REMOVAL) \$168.4 23332 REMOVAL OF FOREIGN BODY, SHOULDER; OBEP (EG, NEER HEMIARTHROPLASTY REMOVAL) \$168.4 23333 REMOVAL OF FOREIGN BODY, SHOULDER ARTHROGRAPHY \$25.2 23335 MUSCLE TRANSPER, ANY TYPE FOR PARALYSIS OF S			\$142.80
23145 OBTAINING \$336.0 23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT \$142.8 23150 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA 23155 OBTAINING GRA 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT \$285.6 23170 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE \$122.7 23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$122.0 23173 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$122.0 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE \$142.8 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HULL \$23184 HULL \$23185 RESECTION FOR TUMOR; CLAVICLE \$142.8 23199 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) \$142.8 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE \$142.8 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE \$142.8 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$850.4 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$850.4 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$850.4 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS \$25.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS \$25.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS \$25.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; OBEP (EG, NEER HEMIARTHROPLASTY REMOVAL) \$168.4 23332 REMOVAL OF FOREIGN BODY, SHOULDER; OBEP (EG, NEER HEMIARTHROPLASTY REMOVAL) \$168.4 23333 REMOVAL OF FOREIGN BODY, SHOULDER ARTHROGRAPHY \$25.2 23335 MUSCLE TRANSPER, ANY TYPE FOR PARALYSIS OF S			·
23146 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT \$142.8 23150 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT (INCLUDES) 23150 D8TAINING GRA \$330.0 23155 OBSTAINING GRA \$285.6 23170 SECUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE \$1220.2 23172 SECUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$1220.2 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$1220.2 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$1220.2 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 1823190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23195 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23220 RADICAL RESECTION FOR TUMOR; CLAVICLE 23221 RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23339 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 232319 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 232319 REMOVAL OF FOREIGN BODY, SHOULDER; OMPLICATED (EG, TOTAL SHOULDER) 23393 REMOVAL OF FOREIGN BODY, SHOULDER; OMPLICATED (EG, TOTAL SHOULDER) 23393 REMOVAL OF FOREIGN BODY, SHOULDER; OMPLICATED (EG, TOTAL SHOULDER) 23393 REMOVAL OF FOREIGN BODY, SHOULDER RATHROGRAPHY 242412 REMOVAL OF FOREIGN BODY, SHOULDER RATHROGRAPHY 2525.2 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 24410 REPAIR OF RUPTURED SUPRASPINATUS T	23145		\$336.00
EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES 23155 DETAINING GRA 338.0 CORTAINING GRA 23166 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT 528.8 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT 528.8 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT 528.8 EXCISION OR CURETTAGE OF BONE CYST OR BONE ABSCESS), CLAVICLE 5120.0 CONTROL OF CONTROL OF CONTROL OF CYST OR C		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	\$142.80
23155 OBTAINING GRA 23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT 23167 SEQUESTRECTOMY (EG. FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23172 SEQUESTRECTOMY (EG. FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG. FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG. FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23181 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 23184 HU 23184 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23184 HU 23185 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23191 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR, CLAVICLE 23210 RADICAL RESECTION FOR TUMOR, SCAPULA 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 232320 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS, WITH PROSTHETIC REPLACEMENT 23230 REMOVAL OF FOREIGN BODY, SHOULDER, DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23331 REMOVAL OF FOREIGN BODY, SHOULDER, DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER, DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23333 REMOVAL OF FOREIGN BODY, SHOULDER ARTHROGRAPHY 223330 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23330 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23330 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23330 TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR) CUFF) OR MUSCULLOTENDINOUS CUFF; ACUTE 23413 REPAIR OF RUPTURED SUPRASPINATUS TE	23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$285.60
23156 EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT 23170 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 23184 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 23185 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23186 HU 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23191 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23192 RADICAL RESECTION FOR TUMOR; CLAVICLE 23220 RADICAL RESECTION FOR TUMOR; SCAPULA 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS, 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS, 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS, 233330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 233331 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, NEER HEMIARTHROPLASTY REMOVAL) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS, WITH PROSTHETIC REPLACEMENT 23322 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, NEER HEMIARTHROPLASTY REMOVAL) 23323 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23330 REMOVAL OF FOREIGN BODY, SHOULDER; ORDER OR UPPER ARM; SINGLE 23330 INJECTION PROCEDURE FOR SHOULDER; ORDER OR UPPER ARM; SINGLE 23331 REMOVAL OF FOREIGN BODY, SHOULDER; ORDER OR UPPER ARM; SINGLE 23332 REMOVAL OF SORE ORDER OR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23410 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23410 SECONSTRUCTORY SHOULDER AREA; SINGLE TENDON 23410 SEPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHEONIC 23411 REPAIR OF RUPTURED SUP		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES	
23156 EXCISION OR CUPETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT \$23170 SEQUESTRECTOMY (E.G. FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23174 SEQUESTRECTOMY (E.G. FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$125.0 23174 SEQUESTRECTOMY (E.G. FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA \$126.0 23175 SEQUESTRECTOMY (E.G. FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK \$126.0 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOMYELITIS), CLAVICLE \$142.8 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G. FOR OSTEOMYELITIS), PROXIMAL BU 23190 OSTECTOMY OF SCAPULA, PARTIAL (E.G. SUPERIOR MEDIAL ANGLE) 23191 RESECTION FOR TUMOR; CLAVICLE 3142.8 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 3168.0 23210 RADICAL RESECTION FOR TUMOR; CLAVICLE 32220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23232 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 32323 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 32324 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 32325 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (E.G. TOTAL SHOULDER) 32326 REMOVAL OF FOREIGN BODY, SHOULDER; ORDER (CATE) FOR THE MILITIPLE 32327 REMOVAL OF FOREIGN BODY, SHOULDER; ORDER (CATE) FOR THE MILITIPLE 32328 REMOVAL OF FOREIGN BODY, SHOULDER; ORDER (CATE) FOR THE MILITIPLE 32329 REMOVAL OF FOREIGN BODY, SHOULDER; ORDER (CATE) FOR THE MILITIPLE 32330 INJECTION PROCEDURE FOR SHOULDER (CATE) FOR THE MILITIPLE 32331 REMOVAL OF FOREIGN BODY, SHOULDER (CATE) FOR THE MILITIPLE 32332 REMOVAL OF FOREIGN BODY, SHOULDER (CATE) FOR THE MILITIPLE 32333 MEMORAL OF FOREIGN BODY, SHOULDER (CATE) FOR THE MIL	23155		\$336.00
23170 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE 23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23184 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 23184 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA 23184 HU 23185 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23191 RESECTION HUMERAL HEAD 33242 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23192 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23210 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 3588.0 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 3580.4 23231 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANIEOUS 23231 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, NEER HEMIARTHROPLASTY REMOVAL) 3168.4 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 3169.4 23339 REMOVAL OF FOREIGN BODY, SHOULDER; OREP (EG, NEER HEMIARTHROPLASTY REMOVAL) 3169.4 32331 REMOVAL OF FOREIGN BODY, SHOULDER; OREP (EG, NEER HEMIARTHROPLASTY REMOVAL) 3169.4 32332 REMOVAL OF FOREIGN BODY, SHOULDER; OREP (EG, NEER HEMIARTHROPLASTY REMOVAL) 3169.4 32330 REMOVAL OF FOREIGN BODY, SHOULDER; OREP (EG, NEER HEMIARTHROPLASTY REMOVAL) 3169.4 32340 REMOVAL OF FOREIGN BODY, SHOULDER; OREP (EG, NEER HEMIARTHROPLASTY REMOVAL) 3169.4 32340 REMOVAL OF FOREIGN BODY, SHOULDER; OREP (EG, NEER HEMIARTHROPLASTY) 32340 REMOVAL OF FOREIGN B		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	\$285.60
23172 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK \$126.0 23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK \$126.0 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU 23194 HU 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23195 RESECTION HUMERAL HEAD 15142.8 23200 RADICAL RESECTION FOR TUMOR; SCAPULA 23220 RADICAL RESECTION FOR TUMOR; SCAPULA 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 5880.2 23231 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23332 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23333 REMOVAL OF FOREIGN BODY, SHOULDER; SOBEP (EG, NEER HEMARTHROPLASTY REMOVAL) 5166.7 23350 INJECTION PROCEDURE FOR SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 5165.7 23350 INJECTION PROCEDURE FOR SHOULDER; OR PROXIDAL HUMERUS; 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 5165.7 23361 TENOTOMY, SHOULDER AREA; SINGLE TENDON 5126.0 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 5126.0 23410 TENOTOMY, SHOULDER AREA; SINGLE TENDON 5126.0 23410 TENOTOMY, SHOULDER AREA; SINGLE TENDON 5126.0 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 5277.2 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; A	23170		\$126.00
23174 SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK 23180 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL US1910 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23191 RESECTION HUMERAL HEAD 23192 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; SCAPULA 23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23232 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23352 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23355 INJECTION PROCEDURE FOR SHOULDER OR UPPER ARM; SINGLE 23360 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23361 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23410 TENOTOMY, SHOULDER AREA; SINGLE TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23410 TENOTOMY, SHOULDER AREA; SINGLE TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRO			\$126.00
PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE 23182 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU 23190 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU 23191 PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23210 RESECTION HUMERAL HEAD 23220 RADICAL RESECTION FOR TUMOR; CLAVICLE 33221 RADICAL RESECTION FOR TUMOR; SCAPULA 23221 RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR FORNET MUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23320 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCITANEOUS 23321 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23350 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23390 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23400 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF POR CHRONIC (INCLUDES ACROMIOPLASTY) 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF, FOR CHRONIC (INCLUDES ACROMIOPLASTY) 23420 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENDOSYNOVITIS		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	\$126.00
PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) S149.2 S199.0 RESECTION HUMERAL HEAD S142.2 RESECTION HUMERAL HEAD S142.2 RADICAL RESECTION FOR TUMOR; CLAVICLE S163.0 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; PADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS;			, , , , ,
PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL PARTIAL EXCISION OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) S149.2 S199.0 RESECTION HUMERAL HEAD S142.2 RESECTION HUMERAL HEAD S142.2 RADICAL RESECTION FOR TUMOR; CLAVICLE S163.0 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; PADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS;	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	\$142.80
PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23184 HU 23194 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23195 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23233 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 2223 REMOVAL OF FOREIGN BODY SHOULDER OR DEPPE (ARM; SINGLE 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23396 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23410 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 234200 RESECTION OR TRANSPLANT			V 12100
PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL 23184 HU 23194 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23195 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23233 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 2223 REMOVAL OF FOREIGN BODY SHOULDER OR DEPPE (ARM; SINGLE 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23396 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23410 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 234200 RESECTION OR TRANSPLANT	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG. FOR OSTEOMYELITIS), SCAPULA	\$142.80
23184 HU 23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23191 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23335 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23339 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; SINGLE TENDON STAROULDER OR UPPER ARM; MUSCLE DIADICUS CUFF; ACUTE 23411 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23411 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23413 REPORDESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF OR CHRONIC TENDOSYNOVITIS 2277.2 23420 RECONSTRUCTION OF TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENDOSYNOVITIS			V 12100
23190 OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) 23195 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23221 RADICAL RESECTION FOR TUMOR; SCAPULA 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23400 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23400 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23413 TENOTOMY, SHOULDER OF COMPLETE SHOULDER (ROTATOR) CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23414 RESECTION OF COMPLETE SHOULDER (ROTATOR) CUFF, AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENOTOMY OF COMPLETE SHOULDER (ROTATOR) CUFF, FOR CHRONIC TENOSYNOVI	23184		\$219.96
23195 RESECTION HUMERAL HEAD 23200 RADICAL RESECTION FOR TUMOR; CLAVICLE 32101 RADICAL RESECTION FOR TUMOR; SCAPULA 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) \$588.0 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$588.0 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$504.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBGUTANEOUS \$252.2 23331 REMOVAL OF FOREIGN BODY, SHOULDER; SUBGUTANEOUS \$352.2 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) \$165.7 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY \$252.2 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE \$3310.0 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23401 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR) CUFF OR MUSCULOTENDINOUS CUFF; CHRONIC 234130 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS 2342440 RESECTION OR TRANSPLANTA			\$142.80
RADICAL RESECTION FOR TUMOR; CLAVICLE 23210 RADICAL RESECTION FOR TUMOR, SCAPULA 23220 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) \$588.0 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT \$594.2 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY \$25.2 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23410 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS			\$324.23
23210 RADICAL RESECTION FOR TUMOR; SCAPULA 23220 RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23411 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23477.2			\$168.00
23220 RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; 23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23335 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23413 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23411 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23413 REPONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS			\$455.11
23221 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) 23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 232330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 232350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 232397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23430 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS		•	\$504.00
23222 RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT 23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 234410 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS 23450 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS			\$588.00
23330 REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS 23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) \$168.4 23332 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) \$165.7 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY \$25.2 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF) FAVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS			\$504.24
23331 REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL) 23322 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MILTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS \$277.2 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS			\$25.20
23322 REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER) 23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY \$25.2 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS \$277.2 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS			\$168.42
23350 INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY 23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$165.76
23395 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE 23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$25.20
23397 MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE 23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$315.07
23400 SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS) 23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2		, , , , , , , , , , , , , , , , , , ,	\$458.40
23405 TENOTOMY, SHOULDER AREA; SINGLE TENDON 23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$336.00
23406 TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION 23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$126.00
23410 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE 23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$126.00
23412 REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC 23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$277.20
23415 CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY 23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2		,	\$277.20
23420 RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY) \$277.2 23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS \$277.2 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$277.20
23430 TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS 23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2		· ·	\$277.20
23440 RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS \$277.2			\$277.20
			\$277.20
23450 CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION \$504.0			
	23450	JCAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$504.00

23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$378.00
23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$458.23
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$498.05
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$434.09
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$470.63
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	\$571.20
	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL	
23472	SHOULDER	\$571.20
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION	
23485	(INCLUDES OBT	\$126.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	\$464.19
	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL	·
23491	HUME	\$591.54
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$79.67
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$100.80
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$252.00
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$75.54
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$84.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$210.00
	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING	-
23532	GRAFT	\$210.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$80.50
23545	CLOSED TREATMENT OF ACROMICCLAVICULAR DISLOCATION; WITH MANIPULATION	\$100.80
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$260.40
	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING	-
23552	GRAF	\$260.40
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$84.42
	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR	70
23575	WITHOUTS	\$100.80
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION	\$252.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	\$109.20
	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR	*
23605	WITHOU	\$209.29
	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR	
23615	EXTERNA	\$369.60
	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR	φσσσ.σσ
23616	EXTERNA	\$739.20
23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$109.20
23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	\$50.45
		400.10
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$355.01
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$100.80
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	\$159.55
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$364.50
_0000	15. II III	Ψ504.50

	OLOGED TREATMENT OF CHOULDED DICLOCATION WITH EDACTURE OF CREATER HUMERAL TUREDOCITY WITH	1
00005	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH	# 400.00
23665	MANIPULATION OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT	\$100.80
22670	INTERNAL	¢270.00
23670	INTERNAL	\$378.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	\$100.80
23073	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIFOLATION OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT	φ100.00
23680	INTERNAL OR	\$378.00
23000	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION	φ376.00
23700	EXCLUD	\$50.40
23800	ARTHRODESIS, GLENOHUMERAL JOINT	\$546.00
23802	ARTHRODESIS, GLENOHUMERAL JOINT: ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$546.00
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	
	DISARTICULATION OF SHOULDER;	\$672.00
23920	,	\$504.00
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$60.00
23929	UNLISTED PROCEDURE, SHOULDER	\$0.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$42.00
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$33.60
00005	INCICION DEED WITH OPENING OF DONE CODIES (FO. FOR OCTEOMYELTIC OP DONE ARCCECC), HUMERUS OR FLROW	#4.0C.00
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	\$126.00
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$268.80
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	\$268.80
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$25.20
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$25.20
24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$33.60
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$67.20
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$134.40
24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	\$199.59
64464	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR	4000 00
24101	FOREIGN	\$268.80
24102	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	\$294.00
24105	EXCISION, OLECRANON BURSA	\$142.80
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$285.60
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$392.00
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$285.60
	EVOLUCION OR CURRETTA OF OF BONE OVOT OR REMIGNITURADE OF UEAR OR NEGLY OF BARRIES OR OL FOR ANONERDO OF OR	
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	\$277.81
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH	
24125	AUTOGR	\$392.00
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH	
24126	ALLOGR	\$285.60
24130	EXCISION, RADIAL HEAD	\$285.66
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$278.92
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$300.00
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$300.00

24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	\$228.52
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL	
24145	HEAD	\$300.00
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON	
24147	PR	\$164.53
	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE	
24149	(SEPARATE PRO	\$577.09
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	\$504.00
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$470.40
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	\$364.71
24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$480.71
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$470.40
24160	IMPLANT REMOVAL; ELBOW JOINT	\$180.00
24164	IMPLANT REMOVAL; RADIAL HEAD	\$180.00
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$25.20
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$75.49
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$25.20
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$200.83
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	\$277.20
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$176.40
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$126.00
	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES	
24320	TYPE P	\$427.45
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$277.20
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$277.20
24332	TENOLYSIS, TRICEPS	\$277.61
24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	\$277.20
	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXLUDES	
24341	ROTATOR CUF	\$319.09
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	\$277.20
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$366.77
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	\$553.56
24345	REPAIR MEDICAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$366.77
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	\$553.56
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS);	\$58.80
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT	\$58.80
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION	\$58.80
24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH STRIPPING	\$58.80
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY	\$58.80
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE	\$504.00
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$504.00
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$504.00
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	\$504.00
24365	ARTHROPLASTY, RADIAL HEAD;	\$346.34
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$446.24

24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$294.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	\$294.00
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$504.00
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$420.00
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$519.89
24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$223.91
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$188.95
24433	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE,	ψ100.00
24498	HUMERAL	\$485.25
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$109.20
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	\$208.88
24505	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	\$369.60
24313	OPEN TREATMENT OF HOMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT	φ309.60
04510	ICERCLAGE A	# 000 00
24516	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR	\$369.60
04500	EXTENSION:	Ф7 Е СО
24530)	\$75.60
0.4505	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR	ф004 co
24535	EXTENSION;	\$201.60
0.4500	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT	4004.00
24538	INTERCONDYL	\$201.60
0.45.45	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR	4070.00
24545	EXTERNAL FIXATI	\$378.00
0.15.10	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR	4070.00
24546	EXTERNAL FIXATI	\$378.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$75.60
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	\$151.20
24566	PERCUTANIOUS SKELETAL FIXATION OF HUMERAL EPICONDULAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$151.20
24300	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL	Ψ131.20
24575	IFIXATI	\$378.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	\$75.60
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	\$151.20
27311	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIFOLATION OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL	ψισι.20
24579	IFIXATION	\$378.00
240/8		φυ/ο.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	\$151.20
	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND	ψ.σι. <u>Ε</u> υ
24586	PROXIMAL	\$378.00
2.000	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND	ψο / 0.00
24587	PROXIMAL	\$378.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$100.80
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$100.80
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$310.80
2-010	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH	φυ 10.00
24620	DISLOC	\$168.00
27020	Diocoo	ψ100.00

	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH	
24635	DISLOCAT	\$523.20
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	\$25.20
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$58.80
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$126.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	\$277.20
	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	
24666	WIT	\$277.20
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION	\$75.60
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION	\$151.20
	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR	
24685	EXTERNAL FIXATI	\$252.00
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$470.40
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$470.40
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	\$370.69
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	\$347.37
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$336.00
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	\$390.92
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	\$504.00
24935	STUMP ELONGATION, UPPER EXTREMITY	\$504.00
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	\$458.25
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	\$0.00
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$142.80
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)	\$167.80
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	\$142.80
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	\$142.80
23023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; W/O DEBRIDEMENT OF	ψ142.00
25024	NONVIABLE	\$389.48
23024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT ON	ψυυυυ
25025	NONVIABLE MU	\$167.80
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$142.80
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$33.60
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	T
25040	FOREIGN	\$268.80
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$25.20
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$25.20
25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	\$33.60
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$33.60
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	\$300.00
25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	\$210.00
25100	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	\$192.98
	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE	
25101	OR F	\$227.87

25105	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	\$220.87
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	\$250.98
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$146.96
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$145.72
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$151.20
	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR	
25115	ОТН	\$264.88
	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR	
25116	ОТН	\$264.88
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$232.82
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	\$232.80
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS	· ·
25120	AND OLE	\$277.20
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS	· ·
25125	AND OLE	\$392.00
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS	,
25126	AND OLE	\$285.60
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$142.80
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING	*************************************
25135	GRAFT)	\$252.00
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	\$142.80
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$126.00
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	\$298.04
		7
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	\$209.87
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	\$453.25
25210	CARPECTOMY; ONE BONE	\$210.00
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$210.00
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$150.97
25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	\$184.80
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$25.20
25248	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$25.20
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$267.29
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	\$300.00
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$198.56
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	\$229.50
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	\$210.00
	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING	· ·
25265	GRAFT),	\$261.59
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	\$134.40
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	\$168.00
	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM	
25274	AND/OR WR	\$333.41
	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR	,
25275	EXE	\$353.77
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$142.80

25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$126.00
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$180.00
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$277.20
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$277.20
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	\$277.20
	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON	
25312	GRAFT(S) (IN	\$352.80
25315	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	\$300.00
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	\$277.20
	CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY, WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE,	
25320	TENDON INSE	\$398.97
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	\$378.00
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$378.00
	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT	
25337	TISSUE	\$395.26
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$252.00
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$252.00
25360	OSTEOTOMY; ULNA	\$126.00
25365	OSTEOTOMY; RADIUS AND ULNA	\$126.00
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	\$126.00
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	\$126.00
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$419.61
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$504.00
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$462.00
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$504.00
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$412.39
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$316.60
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$378.58
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$394.80
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$515.24
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$494.59
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$528.97
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARII PROCEDURE)	\$363.88
	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDONG CARPAL SCAPHOID (NAVICULAR)(INCLUDES OBTAINING GRAFT), EACH	
25431	BONE	\$359.55
	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING	
25440	GRAFT	\$383.99
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$378.00
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$378.00
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	\$302.54
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$302.54
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$391.97

25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	\$378.00
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$322.40
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$339.22
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$175.00
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$237.82
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	\$400.00
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	\$414.85
	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	
25492	AND UL	\$492.78
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$75.60
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$151.20
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$294.00
200.0	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI	Ψ2000
25520	FRACTURE/DISL	\$263.99
23320	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF	Ψ200.00
25525	DISLO	\$394.80
20020	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH	ψυσ4.00
25526	OR W	\$394.80
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$48.36
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$142.80
25545	OPEN TREATMENT OF JUNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$260.40
25560		•
	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$101.14
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$218.40
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	\$381.43
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	\$394.80
	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR	
25600	WITHOU	\$63.60
	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR	
25605	WITHOU	\$151.20
	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL	
25611	SEPARATION,	\$151.20
	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR	
25620	WITHOUT	\$302.40
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$67.20
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$142.80
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$294.00
	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION,	
25630	EACH B	\$109.19
	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH	
25635	BONE	\$109.20
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	\$252.00
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$75.60
	·	

25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$216.31
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$319.30
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	\$100.80
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$260.40
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$263.57
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$100.80
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$260.40
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	\$142.80
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$294.00
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$67.20
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$168.00
	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR	
25800	CARPOME	\$420.00
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	\$420.00
	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT	
25810	(INCL	\$420.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$324.85
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$298.57
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT	\$395.26
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	\$220.76
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	\$199.78
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$55.82
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	\$205.49
25915	KRUKENBERG PROCEDURE	\$246.40
25920	DISARTICULATION THROUGH WRIST;	\$252.00
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$90.00
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	\$73.20
25927	TRANSMETACARPAL AMPUTATION;	\$210.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$90.00
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$240.62
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	\$0.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$25.20
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$58.80
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$75.60
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$126.00
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$210.00
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$298.42
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$293.09
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	\$75.60
26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	\$75.60
26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	\$135.81
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$25.20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	\$136.02
	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT,	.
26075	EACH	\$144.56

	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT,	
26080	EACH	\$93.83
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$145.18
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$144.56
26110	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	\$93.83
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUBCUTANEOUS	\$50.40
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$50.40
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER	\$295.21
	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING	
26121	(INCLUDES	\$392.80
	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR	
26123	WIT	\$405.60
	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR	
26125	WIT	\$136.80
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$228.90
	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION,	
26135	EACH DIGI	\$257.38
	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL	
26140	JOINT	\$142.80
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	\$100.80
26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	\$84.00
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	\$114.30
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	\$110.02
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$199.18
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$142.80
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING	
26205	GRAFT)	\$392.00
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	\$142.80
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH	
26215	AUTOG	\$392.00
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS);	
26230	METACARPAL	\$142.80
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL	
26235	OR	\$142.80
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL	
26236	PHAL	\$142.80
26250	RADICAL RESECTION, METACARPAL; (EG, TUMOR)	\$168.00
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$252.00
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	\$168.00
	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES	
26261	OBTAIN PROFESTION PLOTAL PLAN ANY OF ENGER (FO. TUMOR)	\$252.00
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	\$168.00
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$84.00
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$151.70

	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY WITHOUT	
00050		#040.50
26350	FREE	\$216.52
	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES	
26352	OBT	\$222.79
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON	\$174.68
26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	\$313.24
	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES	
26358	OBTAINI	\$158.24
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON	\$175.37
	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT,	·
26372	EACH	\$112.40
	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE	4 1 1 1 1 1
26373	GRAFT,EACH	\$274.38
20070	EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH	Ψ27 4.00
26390	TENDON	\$193.14
20390	REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER, (INCLUDES OBTIANING GRAFT)	φ195.14
26392	EACH	#202.60
		\$303.60
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	\$134.40
	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING	
26412	GRAF	\$224.00
26415	EXCISION OF EXTENSOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	\$318.13
26416	REMOVAL OF PROSTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$303.60
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	\$134.40
	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	
26420	OBTAINING GR	\$268.80
	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG,BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S),	·
26426	INCLUD	\$168.00
	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH	4 1 0 0 1 0 0
26428	TENDON	\$278.64
20420	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET	Ψ270.04
26432	FINGER	\$134.40
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)	\$134.40
20433	HEFAIR OF EXTENSION FEINDON, DISTAL INSERTION, FRIMART OR SECONDART, WITHOUT GRAFT (EG, MALLET FINGER)	φ134.40
00404	EVIENCOD TENDONI DEDAID, DICTAL INCEDTION ("MALLET FINCED"), ODENL DDIMADY OD CECONDADY DEDAID, WITH EDEE CDA	Φ044 00
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRA	\$241.28
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$168.00
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	\$142.80
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$142.80
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	\$142.80
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$142.80
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$126.00
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$58.80
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$111.87
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$126.00
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$126.00
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$171.93
	- 1 1	ŢJU

26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$176.40
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$176.40
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$176.40
00.100	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH	фо77.00
26480	TENDON	\$277.20
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDE	\$279.60
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$279.60
20465	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING	φ2/9.00
26489	GRAFT),	\$271.83
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSER TYPE, EACH TENDON	\$279.60
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON	\$279.60
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$279.60
26496	OPPONENSPLASTY; OTHER METHODS	\$279.60
26497	TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$279.60
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$447.60
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$365.53
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	\$124.69
	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE	4.2
26502	PROCEDURE)	\$151.28
26504	TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)	\$309.19
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$143.74
26510	CROSS INTRINSIC TRANSFER	\$205.78
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$187.94
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	\$325.46
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	\$338.29
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$192.14
26525	CAPSULECTOMY OR CAPSULOTOMY;INTERPHALGEAL JOINT, EACH JOINT	\$185.41
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$168.00
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$182.40
26535	ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT	\$168.00
26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$218.40
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$208.12
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR	\$259.98
	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR	1
26542	ADVANCEMENT)	\$271.00
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	\$172.67
	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR	+ + + + + + + + + + + + + + + + + + + +
26546	INTERNAL I	\$370.28
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$299.90
26550	POLLICIZATION OF A DIGIT	\$185.96
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	\$1,929.43
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE	\$1,916.01
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE	\$2,286.09
26555	TRNASFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$211.26
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	\$1,948.62

26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$210.00
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$294.00
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	\$378.00
26565	OSTEOTOMY METACARPAL, EACH	\$126.00
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$126.00
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$252.00
26580	REPAIR CLEFT HAND	\$252.00
26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	\$168.00
	REPAIR MACRODACTYLIA	\$168.00
	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$116.41
	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$151.34
	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$379.16
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$58.80
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$84.00
	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH	
	BONE	\$126.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$126.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE	\$159.60
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$67.20
00045	OLOGER TREATMENT OF CARROMETACARRAL ERACTURE RICLOCATION, THUMB (REMNETT ERACTURE), MUTUMANURU ATION	40400
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	\$84.00
00050	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH	#04.00
26650	MANIPUL OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT	\$84.00
06665	INTERNAL OR	Ø1 E0 C0
26665	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH	\$159.60
26670	MANIPULATIO	\$67.20
20070	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH	ψ07.20
26675	MANIPULATIO	\$67.20
20075	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE),	ψ07.20
26676	SINGLE, WI	\$168.00
20070	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR	ψ100.00
26685	WITHOUT IN	\$168.00
	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE	ψ.σσ.σσ
26686	OR DELAY	\$168.00
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	\$33.60
		,
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	\$33.60
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	\$67.20
	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL	
26715	FIXATION	\$100.80
	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT	
26720	MANIPULATI	\$33.60
	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH	
26725	MANIPULATION,	\$58.80

[PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	
26727	OR TH	\$58.80
(OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR	
26735	WITHOUT INTE	\$126.00
(CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL	
	JOINT; WITHO	\$33.60
(CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL	
	JOINT; WITH	\$58.80
	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT,	
	WITH OR	\$126.00
	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	\$33.60
	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	\$58.80
	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	\$58.80
	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL	
	FIXATION,	\$126.00
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	\$33.60
	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	\$33.60
26776 F	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	\$58.80
	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE	
	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$126.00
	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES	
	OBTAINI	\$252.00
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	\$126.00
00044	ARTHROPEOIC CARROMETACARRAL IOINT RIGITO OTHER THAN THIMB WITH AUTOCRAFT (NOLLIBEO ORTANINO ORAFT)	4050.00
	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$252.00
	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES	# 400.00
	OBTAINING	\$126.00
	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$126.00
	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL	Φοο οο
	JOINT	\$99.90
	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING	Φ4.0C.0O
	GRAF ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING	\$126.00
	GRAF	Φ10C 00
	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS	\$126.00
	TRANSFER	Φ140 00
	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES;	\$142.80
		Φ100 00
	WITH AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES;	\$100.80
	AMPOTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	¢140.00
	WITH UNLISTED PROCEDURE, HANDS OR FINGERS	\$142.80
	,	\$0.00
26990 I	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$42.00

26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$33.60
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$25.20
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$58.80
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$168.00
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	\$126.00
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	\$126.00
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$210.00
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	\$394.80
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$394.80
	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR	
27035	OBTURATOR	\$394.80
	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP	
27036	FLEXOR MUC	\$522.40
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$25.20
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$33.60
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE	\$33.60
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	\$33.60
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNANT NEOPLASM)	\$70.80
27050	ARTHROTOMY, FOR BIOPSY; SACROILIAC JOINT	\$263.20
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	\$354.39
27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	\$420.00
27060	EXCISION; ISCHIAL BURSA	\$181.20
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$181.20
07005	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER	#400.00
27065	OF F EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	\$168.00
27066 27067	EXCISION OF BONE CYST OR BENIGN TUMOR, DEEP, WITH OR WITHOUT AUTOGRAFT EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	\$252.00 \$545.10
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL	\$168.00
27070	FARTIAL EXCISION (CHATERIZATION, SAUCERIZATION) (EG. OSTEOMTELITIS ON BONE ABSOLSS), SUFERFICIAL	φ100.00
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR IN	\$252.00
27075	RADICAL RESECTION FOR TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	\$504.00
27070	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND	ψου-1.00
27076	ACETABU	\$504.00
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	\$504.00
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	\$473.07
	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR, WITH SKIN	ψ σ.σ.
27079	FLAPS	\$466.46
27080	COCCYGECTOMY, PRIMARY	\$210.00
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$25.20
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	\$33.60
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	\$240.00
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITH	\$480.00
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$25.20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$25.20

27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	\$230.14
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	\$187.44
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$271.68
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	\$334.33
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$348.68
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	\$414.70
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$435.48
27120	ACETABULOPLASTY; (ÉG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	\$714.00
27122	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	\$714.00
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	\$714.00
	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR	
27130	WITHOUT	\$814.80
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	\$814.80
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	\$1,060.00
		1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	\$814.80
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	\$814.80
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	\$543.20
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	\$126.00
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	\$554.40
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	\$420.00
		†
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	\$554.40
27158	OSTEOTOMY, PELVIS, BILATERAL(EG, CONGENITAL MALFORMATION)	\$420.00
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$420.00
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	\$420.00
	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE	1
27170	GRAFT)	\$336.00
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	\$201.60
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	\$478.23
	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING	
27177	GRAF	\$554.40
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	\$474.51
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	\$513.11
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	\$554.40
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	\$252.00
	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL	
27187	NECK	\$586.75
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION	\$109.20
	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION,	
27194	REQUIRING	\$193.20
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$42.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$210.00

27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S) WHICH	\$420.00
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIA	\$252.00
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION, (INCLUDES PUBIC SYMPHYSIS	\$310.80
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM, SACROILIA	\$462.00
27210	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$168.00
	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT SKELETAL	
27222	TRACTION	\$383.90
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	\$252.00
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING T	\$336.00
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE A	\$462.00
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$151.20
	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	
27232	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR	\$302.40
27235	IMPA	\$529.20
	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT	
27236	(DIRECT FR	\$542.40
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULAT	\$151.20
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION	\$302.40
	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH	
27244	PLATE/SCREW TYP	\$504.00
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY	\$554.40
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$151.20
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$514.97
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$208.88
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$210.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	\$470.40
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT	\$470.40
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION.	\$140.00
	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY	
27257	ABDUCTION, OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL),	\$210.00
27258	REPLACEME	\$470.40
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEME	\$470.40

27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$138.00
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA	\$138.00
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$67.20
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	\$491.64
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$441.90
27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	\$613.20
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	\$613.20
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	\$756.00
27295	DISARTICULATION OF HIP	\$504.00
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	\$0.00
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$33.60
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$126.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$206.19
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	\$25.20
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$25.20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)	\$336.00
27315	NEURECTOMY, HAMSTRING MUSCLE	\$308.00
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$252.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$25.20
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$33.60
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	\$33.60
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	\$42.00
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA	\$360.00
27330	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	\$126.00
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	\$336.00
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	\$344.40
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	\$344.40
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	\$420.00
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	\$300.00
27340	EXCISION, PREPATELLAR BURSA	\$142.80
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	\$243.60
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	\$184.73
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$302.40
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$285.60
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$285.60
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$285.60
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355	\$208.05
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBUL	\$252.00
27365	RADICAL RESECTION FOR TUMOR, FEMUR OR KNEE, BONE	\$504.00
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	\$25.20
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$126.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$134.40
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	\$268.80

27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$210.00
	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	
27386	TENDON GRAFT	\$420.00
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$126.00
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$126.00
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$252.00
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	\$170.40
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$260.40
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$352.80
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	\$277.20
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	\$352.80
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	\$277.20
27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE	\$352.80
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$410.74
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$410.94
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	\$529.20
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$408.26
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$730.04
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$302.40
27420	RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$378.00
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE	\$450.30
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	\$477.68
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	\$249.78
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$396.88
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$416.16
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	\$519.30
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$388.91
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$210.00
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$409.70
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$420.00
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$485.04
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$425.60
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S); KNEE	\$613.20
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$613.20
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	\$814.80
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$588.00
	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA	
27447	RESURFACING (\$814.80
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	\$420.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	\$420.00
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)	\$462.00
21404	OSTEOTOMY, MOETIFEE, WITH REALIGNMENT ON INTRAMEDULEART ROD, PEMORAL SHAFT (EG, SOFIELD THE PROCEDURE) OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS	ψ+0∠.00
27455	(BOWLEG)	\$336.00
21400	(DOTTECO)	ψυυυ.υυ

	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS	
27457	(BOWLEG)	\$336.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	\$462.00
27466	OSTEOPLASTY, FEMUR; LENGTHENING	\$504.00
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	\$714.00
		Q 1.1100
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	\$473.99
	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT	
27472	(INCLU	\$814.80
27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	\$355.83
27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	\$378.00
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	\$462.00
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	\$364.50
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	\$814.80
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	\$814.80
	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN	,
27488	APPLICA	\$690.00
		,
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR	\$719.92
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	\$142.80
	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH	
27497	DEBRIDEMEN	\$168.00
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$201.60
	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE	-
27499	MUSCLE AND/O	\$235.20
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$151.20
	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR	
27501	EXTENSION, W	\$151.20
		,
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	\$302.40
	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR	,
27503	EXTENSION; W	\$302.40
	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF	
27506	INTRAMEDULLARY	\$542.40
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	\$504.00
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	\$100.80
	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR WITHOUT	
27509	INTERCONDYL	\$243.76
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	\$210.00
	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION,	
27511	WITH OR WIT	\$403.20
	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION,	
27513	WITH OR WITHOU	\$403.20
	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL OR	
27514	EXTERNA	\$403.20
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$217.75

	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR	
27517	SKELETAL	\$302.40
		Ψσσ=::σ
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$554.40
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$58.80
	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND	ψου.σο
27524	SOFT T	\$302.40
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$100.80
27000	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL	ψ100.00
27532	TRACTION	\$210.00
27002	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL	Ψ210.00
27535	FIXAT	\$327.60
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	\$403.20
27300	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT	ψ+05.20
27538	MANIPULATION	\$224.00
27300	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT	ΨΖΖ-4.00
27540	INTERNAL O	\$522.19
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$142.80
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$142.80
27332	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY	φ142.00
27556	LIGAMENTOUS	\$411.60
27550	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY	φ411.00
27557	LIGAMENTOUS RE	\$411.60
2/55/	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY	ф411.60
07550	LIGAMENTOUS RE	0411.60
27558	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$411.60 \$58.80
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	
27562	·	\$58.80
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	\$294.00
07570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION	ΦΕΩ ΩΩ
27570	DEVICE	\$50.00
27580	FUSION OF KNEE, ANY TECHNIQUE	\$546.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	\$378.00
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	\$403.20
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	\$252.00
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$168.00
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	\$168.00
27598	DISARTICULATION AT KNEE	\$252.00
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	\$0.00
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$94.80
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$90.00
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	\$168.00
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$42.00
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$33.60
27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$25.20
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$25.20
27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$126.00

27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	\$268.80
27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	\$268.80
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$25.20
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	\$179.20
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA	\$300.00
27618	EXCISION, TUMOR, LEG OR ANKLÈ AREA; SUBCUTANEOUS	\$33.60
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$163.19
	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR	
27620	FOREIGN	\$263.57
27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	\$294.00
	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	\$294.00
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	\$151.20
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$285.60
	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING	
27637	GRAFT)	\$395.26
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	\$285.60
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR	
27640	EXOSTOSIS)	\$449.13
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR	
27641	EXOSTOSIS)	\$347.16
27645	RESECTION FOR TUMOR, RADICAL; TIBIA	\$504.00
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	\$502.79
27647	RESECTION FOR TUMOR, RADICAL; TALUS OR CALCANEUS	\$168.00
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$25.20
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$134.40
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	\$352.80
27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$277.20
27656	REPAIR, FASCIAL DEFECT OF LEG	\$167.60
27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	\$126.00
27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	\$210.00
27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	\$134.40
27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	\$168.00
27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$168.00
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$168.00
27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	\$210.00
27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	\$275.13
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	\$176.40
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	\$260.40
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$251.19
	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR	
27690	TIBI	\$277.20
1	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG ANTERIOR TIBIAL	
	IOR	\$277.20
27691	Off	Ψ==0
27691 27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	\$235.20

27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	\$403.20
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$403.20
	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	
27698	PROCEDURE)	\$477.82
27700	ARTHROPLASTY, ANKLE;	\$463.78
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	\$546.00
27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	\$546.00
27704	REMOVAL OF ANKLE IMPLANT	\$120.00
27705	OSTEOTOMY; TIBIA	\$336.00
27707	OSTEOTOMY; FIBULA	\$224.00
27709	OSTEOTOMY; TIBIA AND FIBULA	\$336.00
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	\$336.00
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	\$504.00
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)	\$462.00
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	\$480.09
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$520.13
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	\$479.47
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$501.14
27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA	\$235.50
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	\$201.60
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	\$346.34
27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	\$378.00
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FE	\$378.00
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	\$411.15
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION	\$100.80
	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR	
27752	WITHO	\$201.60
	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR	
27756	SCREWS	\$374.00
	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR	
27758	WITHOUT	\$378.00
	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH	
27759	OR '	\$378.00
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$75.60
	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL	
27762	TRACTION	\$151.20
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$302.40
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$58.80
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$109.20
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$193.20
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	\$67.20
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	\$126.00
	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL	Ţ: <u></u>
27792	FIXATION	\$260.40
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION	\$109.20

27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	\$218.40
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$386.40
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$117.60
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$235.20
	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL	
27822	AND/OR LA	\$420.00
	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL	
27823	AND/OR LA	\$420.00
	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL	
27824	PLAFOND)	\$280.00
	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL	
27825	PLAFOND)	\$280.00
	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL	
27826	P	\$420.00
	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL	
27827	P	\$420.00
	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL	
27828	P	\$420.00
	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL	
27829	FIX	\$306.09
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$280.00
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	\$142.80
	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,	
27832	OR W	\$142.80
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$100.80
	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL	
27842	FIXATION	\$100.80
	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR	
27846	INTERNA	\$285.60
	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR	
27848	INTERNAL O	\$285.60
	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION	
27860	APPARATUS)	\$33.60
27870	ARTHRODESIS, ANKLE, ANY METHOD	\$470.40
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$365.53
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	\$344.40
	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST	
27881	CAST	\$344.40
27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	\$252.00
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$168.00
27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	\$168.00
07000	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC	4044 :-
27888	CLOSURE	\$344.40
27889	ANKLE DISARTICULATION	\$344.40
07000	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF	4000 55
27892	NONVIABLE MUSCLE	\$229.60

	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE	
27893	AND/OR NERV	\$229.60
27000	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT	ΨΖΖΟ.ΟΟ
27894	OF NONV	\$260.06
27899	UNLISTED PROCEDURE, LEG OR ANKLE	\$0.00
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	\$33.60
20001	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT;	φου.σσ
28002	SINGLE BU	\$75.60
20002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT;	φ/ 0.00
28003	MULTIPLE	\$159.60
28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$126.00
28008	FASCIOTOMY, FOOT AND/OR TOE	\$126.00
28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	\$25.20
28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	\$109.20
20011	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR	φ109.20
28020	TARSOMETATARSAL JOI	\$126.00
20020	TALISOME LA LA LIGAE DOI	φ120.00
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	\$94.80
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OF REMOVAL OF LOOSE OR FOREIGN BODY, METATARSOFHALANGEAL JOINT ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	\$142.21
28030	NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT	\$212.59
28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$150.00
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS	\$150.00
28045	EXCISION, TUMOR, FOOT, SUBFASCIAL, INTRAMUSCULAR	
	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	\$120.00
28046	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$300.00
28050	ARTHROTOMY FOR SYNOVIAL BIOPSY, INTERTARSAL OR TARSOMETATARSAL JOINT ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	\$160.15
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY, METATARSOPHALANGEAL JOINT ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	\$76.51
28054	·	\$75.19
28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$126.00
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$126.00
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$202.89
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$166.56
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$151.20
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$168.00
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$159.75
00000	EVOICION OF LECION OF TENDON OF FIRE OUR CUITATU OF CARCUITE (INCLUDING CVAICVECTOAN) (CVCT OF CANCUION), FOOT	#4.50.00
28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	\$158.93
00000	EVOLUCION OF LEGICAL OF TENDON OF FIRE OUT OF CAROLIE (INCLUDING OVALOVECTORAY) (OVOT OF CANOLICAL). TOPO	#04.00
28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	\$84.00
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$142.80
00100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT	4000
28102	(INCLUDE	\$392.00
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	\$142.80
00101	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR	A 440.05
28104	CALCANEUS;	\$142.80
00100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR	4000 05
28106	CALCANEUS; WIT	\$392.00

	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR	
28107	CALCANEUS; WIT	\$142.80
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$142.80
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	\$142.80
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$142.80
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$142.80
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$142.80
	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST	
28114	METAT	\$142.80
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$142.80
28118	OSTECTOMY, CALCANEUS;	\$142.80
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$142.80
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR	
28120	OSTEOMYELIT	\$142.80
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL	
28122	BOS	\$142.80
	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL	
28124	BOS	\$142.80
28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	\$142.80
28130	TALECTOMY (ASTRAGALECTOMY)	\$294.00
28140	METATARSECTOMY	\$168.00
28150	PHALANGECTOMY OF TOE, SINGLE, EACH	\$142.80
28153	RESECTION, HEAD OF PHALANX, TOE	\$142.80
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	\$142.80
28171	RADICAL RESECTION FOR TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$168.00
28173	RADICAL RESECTION FOR TUMOR; METATARSAL	\$168.00
28175	RADICAL RESECTION FOR TUMOR; PHALANX OF TOE	\$241.69
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$25.20
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$33.60
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$117.60
28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	\$134.40
	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	¥101110
28202	OBTAINING G	\$210.00
28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	\$134.40
	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	
28210	OBTAINING	\$168.00
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE	\$168.00
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	\$252.00
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE	\$126.94
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	\$168.84
28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATÉ PROCEDURE)	\$58.80
28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	\$58.80
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	\$58.80
28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	\$277.20

28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$58.80
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	\$126.00
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$126.00
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$176.40
	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS	
28262	FOR R	\$436.80
28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	\$210.00
	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH	
28270	JOINT (SEPAR	\$156.45
28272	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	\$140.00
28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	\$156.66
28285	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	\$151.20
28286	HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	\$151.20
	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH	
28288	METATARSAL	\$151.20
28289	HALLUX RIGIDUN CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARS	\$211.35
	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE	
28290	PROCEDURE)	\$210.00
	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE	
28292	PROCEDURE	\$226.80
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT	\$226.80
	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE	
28294	PROCED	\$226.80
	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG,	
	MITCHELL, CH	\$327.60
	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	\$344.40
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	\$252.00
	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE	
	OSTEOTOMY)	\$327.60
	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	\$126.00
	OSTEOTOMY; TALUS	\$126.00
28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$126.00
	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	
28305	(FOWLER T	\$252.00
	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR	
28306	CORRECTIO	\$126.00
	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR	
28307	CORRECTIO	\$126.00
	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR	A.
	CORRECTIO	\$126.00
28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	\$126.00
20515	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE	
	PROCEDURE)	\$142.80
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	\$142.80

	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE	
28313	PROCEDUR	\$142.80
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$142.80
28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	\$142.80
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	\$144.35
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$288.13
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$344.07
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$170.49
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$233.57
28360	RECONSTRUCTION, CLEFT FOOT	\$543.86
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$84.00
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$168.00
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$252.00
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;	\$336.00
	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR	
28420	OTH	\$378.00
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$84.00
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$155.71
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$192.98
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$336.00
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	\$50.40
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	\$121.36
00.450	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION,	44000
28456	EACH	\$140.00
00405	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR	Φ000 4 F
28465	EXTERNAL FIXA CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$269.15
28470 28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$42.00 \$84.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$145.10
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	\$210.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	\$33.60
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$33.60
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	\$67.20
20400	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL	ψ07.20
28505	FIXATION	\$100.80
20000		ψ100.00
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	\$33.60
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	\$42.00
	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR	V 12100
28525	EXTERNAL F	\$113.52
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$43.96
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$48.00
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	\$56.00
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, REQUIRING ANESTHESIA	\$76.37
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION	\$126.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$210.00

28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$72.80
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$109.20
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	\$144.89
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$252.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$53.25
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$67.20
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	\$84.00
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$168.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$58.62
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$67.20
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	\$117.44

28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$158.52
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$25.20
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$25.20
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	\$67.20
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	\$126.00
28705	PANTALAR ARTHRODESIS	\$370.81
28715	TRIPLE ARTHRODESIS	\$436.80
28725	SUBTALAR ARTHRODESIS	\$436.80
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$252.00
20730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT	Ψ232.00
28735	CORRECTION	\$436.80
20733	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE	φ430.60
28737	PROCEDURE)	\$394.22
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$252.00
28750	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$232.00
28755	ARTHRODESIS, GREAT TOE, METATARSOFHALANGEAL JOINT ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$180.39
20/00	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST	\$100.39
28760	METATARSAL NECK	#010.00
28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	\$210.00 \$252.00
28805	AMPUTATION, FOOT; TRANSMETATARSAL	\$252.00
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$142.80
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$84.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$84.00
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANETHESIA OTHER THAN LOCAL	\$194.84
28899	UNLISTED PROCEDURE, FOOT OR TOES	
	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$0.00
29000		\$89.99
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	\$117.60
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$117.60
29020	APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY	\$117.60
29025	APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING HEAD	\$117.60
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$83.80
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$94.53
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$94.53

29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$103.82
29049	APPLICATION; PLASTER FIGURE-OF-EIGHT	\$78.40
29055	APPLICATION; SHOULDER SPICA	\$58.80
29058	APPLICATION; PLASTER VELPEAU	\$43.14
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	\$23.60
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	\$30.96
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	\$30.55
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$30.96
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$30.55
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$22.40
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$25.80
29130	APPLICATION OF FINGER SPLINT; STATIC	\$16.80
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$21.05
29200	STRAPPING; THORAX	\$24.18
29220	STRAPPING; LOW BACK	\$27.92
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$26.29
29260	STRAPPING; ELBOW OR WRIST	\$21.14
29280	STRAPPING; HAND OR FINGER	\$19.41
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$87.72
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$94.94
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$53.87
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$58.20
29358	APPLICATION OF LONG LEG CAST BRACE	\$84.00
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$33.60
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$23.92
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$43.96
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$52.84
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$56.00
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$77.61
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$33.60
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$28.07
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$25.20
29520	STRAPPING; HIP	\$19.61
29530	STRAPPING; KNEE	\$20.43
29540	STRAPPING; ANKLE	\$17.54
29550	STRAPPING; TOES	\$16.80
29580	STRAPPING; UNNA BOOT	\$19.40
29590	DENIS-BROWNE SPLINT STRAPPING	\$22.50
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$25.20
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$25.20
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	\$25.20
29715	REMOVAL OR BIVALVING; TURNBUCKLE JACKET	\$25.20
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$20.02
29730	WINDOWING OF CAST	\$22.08
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$25.20
29750	WEDGING OF CLUBFOOT CAST	\$25.20

		Ī
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$204.34
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$240.20
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPERATE PROCEDURE)	\$205.37
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$571.93
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$556.66
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$294.00
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$294.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$294.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$294.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$294.00
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE	\$348.61
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	\$294.00
	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH	
29826	OR WITHOU	\$294.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$593.81
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$245.00
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$268.80
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$268.80
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$268.80
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$268.80
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$268.80
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$192.78
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$257.17
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$265.22
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$268.80
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT	\$268.80
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$268.80
29848	ARTHROSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$179.20
	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE,	
29850	WITH OR	\$336.00
	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE,	
29851	WITH OR	\$336.00
	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT	
29855	INTERNAL	\$336.00
	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT	- ++++++++++++++++++++++++++++++++++++
29856	INTERNAL	\$336.00
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$281.74
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$418.17
2000.	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION	ψιισιι
29862	ARTHROPL	\$460.07
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVESTOMY	\$420.02
	APTUPO COOPY WHEE OUR COTE COURT AND A STOOP AFTON (FO. MOC. 1977) WHEN APTUROUS AFTON (FO. MOC. 1977)	A=
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE	\$569.87
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$680.71
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION)	\$922.81

29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	\$224.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$292.06
29873	ARTHOSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$274.31
	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS	
29874	FRAGMENT	\$336.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	\$336.00
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	\$336.00
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	\$336.00
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$336.00
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	\$336.00
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	\$336.00
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$336.00
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$336.00
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	\$336.00
	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT	
29885	INTERN	\$336.00
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	\$313.11
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	\$336.00
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	\$336.00
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	\$336.00
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING	\$392.78
	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL	
29892	PLAFON	\$405.16
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$224.56
	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN	
29894	BODY	\$268.80
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	\$268.80
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	\$268.80
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	\$268.80
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	\$545.72
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY	\$247.47
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$272.86
	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL	
29902	LIGAMENT	\$292.88
29999	UNLISTED PROCEDURE, ARTHROSCOPY	\$0.00